PI

School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

First Semester Second Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 14 Fergus 0258 Lewistown Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage # Capacity Inspection 67 1 1 122 1.57 72 08/26/04 2 67 1 108 1.80 84 08/26/04 3 76.6 53 08/26/04 67 1 1.15 4 120.4 1.80 84 08/26/04 67 1 5 67 98.8 1.36 60 08/26/04 67 1 6 78 0.95 48 08/26/04 7 67 1 98.9 0.95 48 08/26/04 8 63.6 1.80 84 08/26/04 67 1 9 120 08/26/04 67 1 1.15 53

PI	

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

		— пен	ila, ivi	1 39020-23	U I				
DUE DATES:	Township to to state supermental						May 24 to	Second Semester o County Superin o State Superinter	tendent ndent
COMPL	ETE THIS	S CLAIM FO	OR STA	TE REIMI	BURSEMEN	T FOR SC	HOOL BUS TRA	NSPORTATION:	
This clain	m is for the p	eriod beginning	g		,	20 and e	ending	,	20
			1	month	day		n	onth da	y
CERTIF	ICATION	:							
The infor	rmation on th	nis form is comp	lete and	accurate to th	e best of my kn	owledge.			
Date			Signatu	re, Chair, Boar	d of Trustees				
County:			District	:				District Le	vel:
14 Fergi	us		0259	Fergus H	IS			High So	chool
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
33	1	1		122	1.57	72	08/26/04		
33	1	2		108	1.80	84	08/26/04		
33	1	3		76.6	1.15	53	08/26/04		
33	1	4		120.4	1.80	84	08/26/04		
33	1	5		98.8	1.36	60	08/26/04		
33	1	6		78	0.95	48	08/26/04		
33	1	7		98.9	0.95	48	08/26/04		
33	1	8		63.6	1.80	84	08/26/04		
33	1	Q		120	1 15	53	08/26/04		

PI

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

emester Superintendent
perintendent
TION:
, 20
day
istrict Level:
llementary
Bus Driver's sed Social Security #

PI

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		— пете	na, wi	59620-25	UI					
DUE DATES:	rebruary 1 to County Superintendent								endent	
COMPLI	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SC	HOOL BUS TRA	NSPORT	ATION:	
This claim is for the period beginning						0				
			1	nonth	day		m	onth	da	y
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kno	owledge.				
Date			Signatur	e, Chair, Board	l of Trustees					
County:			District:						District Lev	el:
14 Fergu	1S		0269	Grass Ra	nge H S				High So	chool
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Da Oper		Bus Driver's Social Security #
42	27	1		80	1.36	66	08/04/04			
42	27	2		115.2	1.15	59	08/17/04			
42	27	3		68	0.95	21	08/04/04			
42	27	4		106	1.15	54	08/04/04			
42	27	5		124.5	0.95	47	08/04/04			

PI	

School District Claim for
State Reimbursement for
School Bus Transportation

State	
District	
County	

DUE
DATES

DUE DATES:		February 1 February 15	to Cou		Second Semester May 10 to County Superintendent May 24 to State Superintendent					
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:										
This claim is for the period beginning								, 20		
month day month day							day			
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date Signature, Chair, Board of Trustees										
County:			District:						District L	evel:
14 Fergu	ıs		0273	Moore E	lem				Eleme	entary
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capa	city	Inspection	Days Operated	Bus Driver's Social Security #
60	44	1		109.6	0.95	48	3	08/16/04		
60	44	2A		76.8	0.95	48	3	08/16/04		
60	44	3		100	0.95	48	3	08/16/04		

PI	

County:

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

District:

School District Claim for State Reimbursement for School Bus Transportation

District Level:

State	
District	
County	

DUE DATES:	First Semester February 1 to County Superin February 15 to State Superint TTE THIS CLAIM FOR STATE REIMI	OR SCHOOL 1	Second S May 10 to County S May 24 to State Sup BUS TRANSPORTA	Superintendent perintendent		
This claim	is for the period beginning month	, 20	and ending	month	, 20 day	
CERTIFI	CATION:					
The information on this form is complete and accurate to the best of my knowledge.						
Date	Signature, Chair, Board	d of Trustees				

14 Fergu	4 Fergus 0274 Moore H S					ergus 0274 Moore H S High School					chool
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #			
40	44	1	109.6	0.95	48	08/16/04					
40	44	2A	76.8	0.95	48	08/16/04					
40	44	3	100	0.95	48	08/16/04					

PI

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE DATES:	First Semester February 1 to County Superintendent	Second Semester May 10 to County Superintendent May 24 to State Superintendent
DATES.	February 15 to State Superintendent	May 24 to State Superintendent
COLUDIT		D COLLOCK DISCREDANGED OF A PROMI

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMENT FO				TEOD	<u> 8СНО</u>	May 24 to	Second Semest O County Superior O State Superint	ntendent endent	
This clain	n is for the	period beginning				20 a	and ending			, 20
			m	onth	day			m	onth	day
CERTIFI	CATIO	N:								
The infor	mation on	this form is compl	ete and a	ccurate to the	e best of my kno	owledge.				
Date			Signature	e, Chair, Board	l of Trustees					
County:			District:						District I	.evel:
14 Fergu	IS		0280 Roy K-12 Schools						High S	School
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capac	eity	Inspection	Days Operated	Bus Driver's Social Security #
100	74	1 West		50	0.95	16		08/17/04		
100	74	2 North		92	0.95	35		08/17/04		
100	74	3 East		108	0.95	36		08/17/04		
							•			,

PI

School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

First Semester Second Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 14 Fergus 0281 Denton Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Operated Social Security # Percentage # Per Day Per Mile Capacity Inspection 70 84 1a 76 0.95 42 08/05/04 70 84 1b 66 0.95 42 08/05/04 70 84 62 0.95 48 08/05/04 2a 0.95 70 84 2b 58 48 08/05/04 70 84 3a 69.5 0.95 16 08/05/04 70 84 3b 67.5 0.95 16 08/05/04 70 84 4 100 0.95 48 08/05/04 70 84 6 0.95 20 08/05/04 61 100 7 0.95 08/05/04 84 23 20 100 8 33 0.95 08/05/04 84 16

PI	

School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES
DATES

First Semester Second Semester February 1 to County Superintendent May 10 to County Superintendent 5: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 14 Fergus 0282 Denton H S **High School** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage # Capacity Inspection 30 84 1a 76 0.95 42 08/05/04 30 84 1b 66 0.95 42 08/05/04 30 84 62 0.95 48 08/05/04 2a 0.95 2b 58 48 08/05/04 30 84 30 84 3a 69.5 0.95 16 08/05/04 30 84 3b 67.5 0.95 16 08/05/04 0.95 30 84 4 100 48 08/05/04 30 84 6 61 0.95 20 08/05/04

PI

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

First Semester February 1 to County Superintendent February 15 to State Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:								
This claim is for the period beginning, 20					and ending, 20			
		month	day		m	onth da	y	
CERTIFICATION:								
The information on this form is complete and accurate to the best of my knowledge.								
Date Signature, Chair, Board of Trustees								
County: District:					District Level:			
14 Fergus 0291 Winifred K-12 Schools				ools	High School			
District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
115	1	98	1.15	52	08/17/04			
115	2	115.4	1.15	54	08/20/04			
115	3	61.8	0.95	42	08/20/04			
115	4	83.4	0.95	36	08/20/04			
[ETE THE In is for the ICATIO Imation on IS District # 115 115 115	February 1 to February 15 ETE THIS CLAIM FOI is for the period beginning in a second	February 1 to County Superint February 15 to State Superint ETE THIS CLAIM FOR STATE REIME In is for the period beginning month ICATION: mation on this form is complete and accurate to the Signature, Chair, Board District: BS District: # # Per Day 115 115 1 98 115 2 115.4 115 3 61.8	February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMEN In is for the period beginning	February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL is for the period beginning	February 1 to County Superintendent May 10 to	February 1 to County Superintendent May 10 to County Superintendent May 24 to State Superintendent May 26 to State Superintendent May 26 to State Superintendent May 10 to County Superintendent May 26 to State Superint	